

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90203 035 ***150.00

DOCUMENT # P990000002410
1. Entity Name
MANATEE RIVER RESORT, INC. ✓

DO NOT WRITE IN THIS SPACE

B9058316

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4513 WINNERS CIRCLE Suite, Apt. #, etc. #1524 City & State SARASOTA, FLORIDA Zip 34238		3. Mailing Address P.O. BOX 640 Suite, Apt. #, etc. City & State SARASOTA, FLORIDA Zip 34230-0640		4. FEI Number 65-0890257	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name BARBARA K. SMITH
Street Address (P.O. Box Number is Not Acceptable)
4513 WINNERS CIRCLE # 1524
City SARASOTA **FL** **Zip Code** 34238

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARBARA K. SMITH 4513 WINNERS CIRCLE # 1524 SARASOTA, FLORIDA 34238	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara K Smith 03-28-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)